

L190000124471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

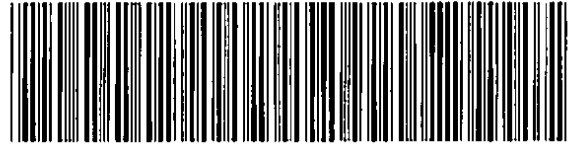
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/27/23--01009--018 **30.00

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CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32309

A. PARISHANI

DEC 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Employ Purpose, LLC

Name of Limited Liability Company

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Ashcraft

Name of Person

Employ Purpose, LLC

Firm/Company

1660 North Monroe Street, Unit 5

Address

Tallahassee, FL 32303

City/State and Zip Code

angela.ashcraft@expresspros.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Ashcraft

850 270-0047

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Employ Purpose, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATEMENT OF SERVICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on May 8, 2019 and assigned
Florida document number L19000124471.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1660 North Monroe Street, Unit 5

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Angela Ashcraft

New Registered Office Address:

1660 North Monroe Street, Unit 5

Enter Florida street address

Tallahassee

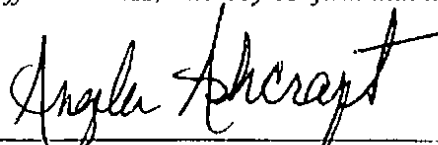
City

, Florida 32303

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Angela Ashcraft	3419 Riviere du Chien Lp N Mobile, AL 36693	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher Ashcraft	3419 Riviere du Chien Lp N Mobile, AL 36693	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Angela Ashcraft	3419 Riviere du Chien Lp N Mobile, AL 36693	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Irene Burney		<input type="checkbox"/> Add
		3452 Mahoney Drive, Tallahassee, FL 32309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Donna Morgan		<input type="checkbox"/> Add
		3452 Mahoney Drive Tallahassee, FL 32309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE ELECTRIC
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FL 32309

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Sale of Employ Purpose from 100% owner Donna Morgan to Angela Ashcraft 60% ownership and Christopher

Ashcraft 40% Ownership

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: November 27, 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 20, 2023



Signature of a member or authorized representative of a member

Angela Ashcraft

Typed or printed name of signee

Filing Fee: \$25.00

VIRGINIA ACKNOWLEDGMENT

State of Virginia)

County of Roanoke City)

On 11/21/2023 before me, Alexander Luis Marin
Date Notary Name

personally appeared Angela Shepard Ashcraft
Name(s) of Signer(s)

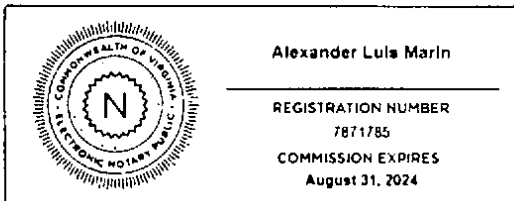
☐ personally known to me -- OR --

☐ proved to me on the basis of the oath of _____ -- OR --
Name of Credible Witness

☒ proved to me on the basis of satisfactory evidence: Driver License
Type of ID Presented

to be the individual(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and by proper authority, and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) or entity upon behalf of which the individual(s) acted, executed the instrument for the purposes and consideration therein stated.

WITNESS my hand and official seal.



Notary Public Signature: Alexander Luis Marin
Notary Commission Number: 7871785
Notary Commission Expires: 08/31/2024
Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Articles of Amendment

Document Date: 11/21/2023 Number of Pages (w/ certificate): 5

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Angela Shepard Ashcraft

☐ Corporate Officer Title: _____

☐ Partner – ☒ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator

☐ Other: _____

Signer Is Representing: _____
Managing Member

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer Title: _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator

☐ Other: _____

Signer Is Representing: _____